ENTRY BLANK

PLEASE TYPE OR	PRINT	Entered prev	ious May Show
٠ ,		ves	⊠ no
☐ Ms.			* *
Mr. Artist	ris lopk	ner Ho	wes
Permanent Address 2425	1	1-70 . #	(Last Name Last)
		on Ra, "	
Street		321-2	City
OH 44106	Area Code	J21 2	5 13
Temporary or	Area Gode		
Studio Address	Same		
Str			City
7.	Tel. ()	1 35	
Zip	Area Code		
If you do not prese			
Western Reserve, w	hich county	were you borr	ı in?
Collaborator			
	(If Any)		
If May Show entrie	es are not acce	epted or not s	old:
Artist will pick	up at Museu	m.	
☐ Museum shoul	d dispose of.		
☐ Museum shoul	d ship to artis	t C.O.D. at th	is address:
-	15	81	
pur in	papele	0//5	
Special Instruction	S		
When necessary in		nstructions or	a drawing of
how the object is t			9
h - A	1	,	
Zh	tan-		
This is the			in a lateria
This entry blank m	iust be fully n	nade out and s	signed. Unsigned

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature ___

> DO NOT DETACH

DATE